PTC/SB/47 (09-06)
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INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.	
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
Customer Number: 37697	
OR	
The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER (if known)	APPLICATION NUMBER
7,217,210	10/811,254
Completed by (check one):	
Applicant/Inventor	/William R. Allen/
	Signature
Attorney or Agent of record	William R. Allen
(Reg. No.)	Typed or printed name
Assignee recorded at Reel Frame	08/08/2008
	Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below.	
* Total of	
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This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete. to process) an appression. Continentially is governed by 3b U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to best infinites to complete including galactery, representing an estimating the completed application form to the VEFTO. Time will way depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this businer, should be sent to the Chief Information Cofficer, U.S. Patient and Thesimax Cfine. U.S. Expertment of Commence, P.C. Bus Y.E.A., Relacedian, V.W. 22513-4480. D. VIT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Step M Correspondence, Commissioner for Patients, P.O. Bus Y.E.A., Businer V.W. 22513-4480. D. VIT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Step M Correspondence, Commissioner for Patients, P.O. Bus Y.E.A., Businer V.W. 22513-4480. D. VIT SEND COMPLETED FORMS TO THIS ADDRESS.

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The information provided by you in this form will be subject to the following routine uses:

- The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
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